Case 15-40704 Doc 23 Filed 05/08/15 Entered 05/08/15 10:13:07 Desc Main

UNITED STATES BANKRUPT CY COURT District of Massachusetts

In re Silva, Victor A

> Case No: Chapter 13

Debtor

DECLARATION RE ELECTRONIC FILING

PART I- DECLARATION

I[We] Silva, Victor A	and ,, hereby	declare(s) under penalty of perjury that all of the
information contained in my 📈		
is true and correct. I understand that t	his DECLARATION is to I	be filed with the Clerk of Court electronically
concurrently with the electronic filing	g of the Document. I unders	tand that failure to file this DECLARATION may cause
the Document to be struck and any re * Symmony of Schooles S!, Symmony of Cueleur man. I further understand that, purs documents containing original signature	quest contained or relying to a state and shall be maintained.	hereon to be denied, without further notice. Cospin Control 25 School 25 As Soldier Soldier Shiftment of Invariant (MEFR) 7(b), all paper alties of perjury and filed electronically with the Court by the authorized CM/ECF Registered User for a period
or in a (o) years trice the ecosing or in	no case.	
Dated: 5/8/15		
	(4	Affiant)
	\overline{a}	oint Affiant)
	(6	

PART II - DECLARATION OF ATTORNEY (IF AFFIANT IS REPRESENTED BY COUNSEL)

I certify that the affiant(s) signed this form before I submitted the Document, I gave the affiant(s) a copy of the Document and this DECLARATION, and I have followed all other electronic filing requirements currently established by local rule and standing order. This DECLARATION is based on all information of which I have knowledge and my signature below constitutes my certification of the foregoing under Fed. R. Bankr. P. 9011. I have reviewed and will comply with the provisions of MEFR 7.

Signed:

(Attorney for Afriant)

Barry C. Richmond 419360 Law Office of Barry C. Richmond

Barry C. Richmond, Esquire

210 Washington Street

Woburn, MA 01801-0000

(781) 935-2143

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B6 Summary (Official Form 6 - Summary) (12/14)

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United States Bankruptcy Court District of Massachusetts

IN RE:		Case No. <u>15-40704</u>
Silva, Victor A		Chapter 13
	Debtor(s)	

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 686,629.00		
B - Personal Property	Yes	3	\$ 11,166.63		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		\$ 542,836.38	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 154,905.37	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	4		\$ 145,328.58	
G - Executory Contracts and Unexpired Leases	Yes	1	·		
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 7,733.58
J - Current Expenditures of Individual Debtor(s)	Yes	3			\$ 6,979.01
	TOTAL	20	\$ 697,795.63	\$ 843,070.33	

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United States Bankruptcy Court District of Massachusetts

IN RE:		Case No. 15-40704
Silva, Victor A		Chapter 13
	Debtor(s)	

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 154,905.37
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 55,304.86
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 210,210.23

State the following:

Average Income (from Schedule I, Line 12)	\$	7,733.58
Average Expenses (from Schedule J, Line 22)	\$	6,979.01
Current Monthly Income (from Form 22A-1 Line 11; OR , Form 22B Line 14; OR , Form 22C-1		0.50
Line 14)	\$	0.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 137,613.94	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 17,291.43
4. Total from Schedule F		\$ 145,328.58
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	 	\$ 162,620.01

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IN RE Silva, Victor A

Debtor(s)

Case No. 15-40704

SCHEDULE A - REAL PROPERTY

(If known)

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DESTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
13-15 S Elm Street, Bradford, MA.		J	206,969.00	217,041.32
293 N Broadway, Haverhill, MA.	Tenancy by the Entirety	J	279,660.00	166,410.91
360-362 Main Street, Haverhill, MA.	Tenancy by the Entirety	J	200,000.00	197,219.38
			:	
	1			

TOTAL

686,629.00

(Report also on Summary of Schedules)

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SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
l.	Cash on hand.	X			
2.	Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Citizens Bank - Personal Checking Account		139.63
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X			
4.	Household goods and furnishings, include audio, video, and computer equipment.		Miscellaneous household goods and personal effects.		2,500.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	Х			
6.	Wearing apparel.		Various articles of clothing and apparel.		2,000.00
7.	Furs and jewelry.	X			
8.	Firearms and sports, photographic, and other hobby equipment.	Х			
9.	Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10.	Annuities. Itemize and name each issue.	Х			
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	Х			
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	Х			
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	Х			
14.	Interests in partnerships or joint ventures. Itemize.	Х			

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SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

	TYPE OF PROPERTY	И О И Е	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15.	Government and corporate bonds and other negotiable and non-negotiable instruments.	Х			
16.	Accounts receivable.	X			
17.	Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	Х			
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.	Х			
19.	Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	Х			
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	Х			
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	Х			
2 2.	Patents, copyrights, and other intellectual property. Give particulars.	Х			
23.	Licenses, franchises, and other general intangibles. Give particulars.	Х			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and		1982 Jaguar XS		3,999.00
	other vehicles and accessories.		1999 Dodge Durango		1,232.00
			2003 Jaguar S Type		1,296.00
26.	Boats, motors, and accessories.	X			
ŀ	Aircraft and accessories.	Х			
	Office equipment, furnishings, and supplies.	X			
	Machinery, fixtures, equipment, and supplies used in business.	X			
ł .	Inventory.	X			
•	Animals.	X			
	Crops - growing or harvested. Give particulars.	X			
33.	Farming equipment and implements.	Х			
<u></u>		L		<u> </u>	

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SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

<u> </u>			_	
TYPE OF PROPERTY	И О И Е	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
34. Farm supplies, chemicals, and feed. 35. Other personal property of any kind not already listed. Itemize.	X			
			· · ·	11,166.63

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SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under: (Check one box)

Check if debtor claims a homestead exemption that exceeds \$155,675. *

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
SCHEDULE A - REAL PROPERTY			200.10
93 N Broadway, Haverhill, MA.	MGLA c.188 § 1	113,249.09	279,660.00
CHEDULE B - PERSONAL PROPERTY			
itizens Bank - Personal Checking account	MGLA c. 246 § 28(a)	139.63	139.6
liscellaneous household goods and ersonal effects.	MGLA c.235 § 34(1)	2,500.00	2,500.0
arious articles of clothing and apparel.	MGLA c.235 § 34(1)	2,000.00	2,000.00
982 Jaguar XS	MGLA c.235 § 34(16)	3,999.00	3,999.0
999 Dodge Durango	MGLA c.235 § 34(16)	1,232.00	1,232.0
2003 Jaguar S Type	MGLA c.235 § 34(16)	1,296.00	1,296.0

^{*} Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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Schedules)

Summary of Certain Liabilities and Related

Denou(a)

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent," If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER, (See Instrictions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.			Unpaid small business loan for United	┪			35,000.00	<u> </u>
Century Bank And Trust Company C/O Law Offices Of Frank N. Dardeno, LLP 424 Broadway Somerville, MA 02145			Building Services Inc.				·	
	+	+	VALUE \$ 279,660.00	-		H	40.050.00	
ACCOUNT NO. Century Bank And Trust Company 400 Mystic Avenue Medford, MA 02155			Second mortgage for the property located 360-362 Main Street, Haverhill, MA.				49,950.00	
			VALUE\$ 200,000.00					
ACCOUNT NO. 3447 City Of Haverhill Water/Wastewater Billing Dept. 4 Summer Street, Room 300 Haverhill, MA 01830	_ x		Unpaid water account for property located at 293 North Broadway, Haverhill, MA.				972.52	
Tid Voltain, Min. 01000			VALUE\$ 279,660.00					
ACCOUNT NO. 3447 City Of Haverhill Water/Wastewater Billing Dept. 4 Summer Street, Room 300 Haverhill, MA 01830	х		Unpaid water account for property located at 13-15 South Elm Street, Haverhill, MA. VALUE\$ 206,969.00				695.23	
1 continuation sheets attached			(Total of th	-)	\$ 86,617.75	\$
			(Use only on la				\$ (Report also on	\$ (If applicable, report
							Summary of	also on Statistical

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SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS (Continuation Sheet)

			(Continuation Sheet)					
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 3447	х		Unpaid water account for property		T		1,592.12	
City Of Haverhill Water/Wastewater Billing Dept. 4 Summer Street, Room 300 Haverhill, MA 01830			located at 360-362 Main Street, Haverhill, MA.					
	_		VALUE \$ 200,000.00	L				
ACCOUNT NO.	-		Tax lien for unpaid withholding income tax.			}	37,835.23	
Massachusetts Department Of Revenue Legal Bankruptcy Unit PO Box 9564 Boston, MA 02114								
		ļ	VALUE \$ 486,629.00	L	_			
ACCOUNT NO. 6941	Х		First mortgage on primary residence located at 293 N Broadway, Haverhill, MA.				92,603.16	
Ocwen Loan Servicing, LLC 1661 Worthington Road, Ste 100 West Palm Beach, FL 33409	•							
† *			VALUE \$ 279,660.00		1			
ACCOUNT NO. 1946	Х		First mortgage on rental property located	Γ			178,510.86	
Ocwen Loan Servicing, LLC 1661 Worthington Road, Ste 100 West Palm Beach, FL 33409			at 13-15 S Elm Street, Bradford, MA.					
			VALUE\$ 206,969.00					
ACCOUNT NO. 4320			First mortgage on rental property located	Γ			145,677.26	
Ocwen Loan Servicing, LLC 1661 Worthington Road, Ste 100 West Palm Beach, FL 33409			at 360-362 Main Street, Haverhill, MA.					
			VALUE \$ 200,000.00				·	
ACCOUNT NO.			VALUE \$					
Sheet no. 1 of 1 continuation sheets attack Schedule of Creditors Holding Secured Claims	ied	to	(Total of the	is p		;)	\$ 456,218.63	\$
			(Use only on h	ıst ı	Tot page	il :)	§ 542,836.38	\$

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

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1 continuation sheets attached

Debtor(s)

Case No. 15-40704

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so, If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian," Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data,

the total of an armin and antitled to an initial day and the day of the ball of the ball of the same of the ball of the ball of the same of the ball o

liste	d on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on Statistical Summary of Certain Liabilities and Related Data.
	Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
ΤY	PES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
	Domestic Support Obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
	Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
	Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person carned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
	Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
	Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
	Deposits by individuals Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
	Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
	Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
	Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).
	* Amounts are subject to adjustment on 4/01/16, and every three years thoreofter with respect to cases commenced on as ofter the data of adjustment

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SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet)

Taxes and Other Certain Debts Owed to Governmental Units

			(Type of Priority for Claims Listed on This Sheet)			-	_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO.			Income and Civil Penalty tax		Г	T			
Internal Revenue Service Bankruptcy Section/Mail Code 20800 PO Box 9112, Insolvency Unit 1 Boston, MA 02203			liabilities				124,820.69	111,082.36	13,738.33
ACCOUNT NO.	1		Unpaid tax liability.			Γ			•
Massachusetts Department Of Revenue Legal Bankruptcy Unit PO Box 9564 Boston, MA 02114							30,084.68	26,531.58	3,553.10
ACCOUNT NO.									
ACCOUNT NO.						-			
ACCOUNT NO.									
ACCOUNT NO.									
Sheet no. 1 of 1 continuation sheets	alt	ached		- Sub					
Schedule of Creditors Holding Unsecured Priority	Cl	aims	(Totals of the				\$ 154,905.37	\$ 137,613.94	\$ 17,291.43
(Use only on last page of the comp	olete	ed Sch	nedule E. Report also on the Summary of Sch	ıedu		.)	\$ 154,905.37		
(Us report also on the	e oi e St	nly on atistic	last page of the completed Schedule E. If ap al Summary of Certain Liabilities and Relate	plica	Fota able ata	e,	-	\$ 137,613.94	\$ 17,291,43

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IN RE Silva, Victor A

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Debtor(s)

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated," If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

		1				- 1	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) .	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Unpaid credit card account.	П			
American Express PO Box 297871 Ft. Lauderdale, FL 33329							492.00
ACCOUNT NO. 3490	t		Unpaid Timeshare Account.		\dashv		
Bluebeard's Castle Hilltop Villas I & II C/O Pinnacle Recovery Inc PO Box 130848 Carlsbad, CA 92013							32,590.10
ACCOUNT NO.	†		Unpaid Receivables Agreement of United Building	П	1		,
Business Backer LLC C/O Scott A. Liberman, Esq One South Main Street, Ste 1700 Dayton, OH 45402			Services Inc.				17,760.00
ACCOUNT NO.	T		Unpaid credit card account.				
Capital One PO Box 85520 Richmond, VA 23285							
							4,965.00
3 continuation sheets attached			(Total of the	•	ige)	\$ 55,807.10
			(Use only on last page of the completed Schedule F. Report the Summary of Schedules and, if applicable, on the Si Summary of Certain Liabilities and Relate	t also tatisf	ica	ni d	\$

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IN RE Silva, Victor A

Debtor(s)

_____ Case No. 15-40704

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

		C	Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 8965	Τ		Unpaid credit card account.	H	7	\Box	·
Capital One USA Bank PO Box 30285 Salt Lake City, UT 84130							8,061.38
ACCOUNT NO.	H	-	Unpaid credit card account.	\dashv	-	\dashv	
Chase Bank USA PO Box 15298 Wilmington, DE 19850							
ACCOUNT NO. 1189	-		United Building Services Inc personal property tax	\dashv			1,242.00
City Of Somerville Office Of The Tax Collector PO Box 197 Somerville, MA 02143	-		due.				81.84
ACCOUNT NO. 53PC	T		Unpaid excise tax.	\forall	1		
City Of Somerville Office Of The Tax Collector PO Box 203 Milford, MA 01757							202.44
ACCOUNT NO. 1412	\vdash		Unpaid cable account.	\vdash	1		393.41
Comcast PO Box 196 Newark, NJ 07101							007.74
ACCOUNT NO. 0148			Unpaid insurance premium.	\exists	\dashv		907.71
Commerce Insurance 11 Gore Road Webster, MA 01570			F				740.00
ACCOUNT NO.	-	-	Unpaid credit card account.		-	\dashv	742.80
Exxon/Mobil PO Box 6497 Sioux Falls, SD 67117							
			<u></u>				2,405.00
Sheet no. 1 of 3 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of th	Subt is pa			\$ 13,834.14
			(Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the St Summary of Certain Liabilities and Related	also atist	tica	n d	\$

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IN RE Silva, Victor A

Debtor(s)

Case No. 15-40704

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

			Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMINITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4740	╁╴		Unpaid medical account.	Н	Н	\dashv	
Joslin Diabetes Center PO Box 414633 Boston, MA 02241							2,035.93
ACCOUNT NO.	t		Unpaid monies owed.	H		\forall	2,000,00
Nathan Laine C/O Tyler Pento;Iros, Esq. 21 Wingate Street Haverhill, MA 01832							960.00
ACCOUNT NO. 3120	H		Unpaid utility account.	H		\dashv	000.00
Nationalgrid PO Box 11737 Newark, NJ 07101							3,317.10
ACCOUNT NO. 6003	╁		Unpaid electric account.	Н		\dashv	3,317.10
Nationalgrid PO Box 11737 Newark, NJ 07101							
	<u> </u>	ļ <u></u>		Н		\perp	1,507.81
ACCOUNT NO. Navient PO Box 9500 Wilkes-Barre, PA 18773			Unpaid Parents Plus Loan.				55,304.86
ACCOUNT NO. 8904	╁		Overdraft collection for United Building Services	$\left\ \cdot \right\ $	_	\dashv	33,304.66
Santander Bank NA Mail Code 10-421-MC3 450 Penn Street Reading, PA 19602			Inc.				4 000 00
ACCOUNT NO. 0013	\vdash		Unpaid telephone account.	H	_	\dashv	1,808.06
Verizon PO Box 15124 Albany, NY 12212							0.070.50
Sheet no. 2 of 3 continuation sheets attached to	<u> </u>]	Sub	tot		2,878.58
Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of the (Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the St	is pa T also atis	age ota o o tica	il n il	67,812.34
			Summary of Certain Liabilities and Relate	d Da	ala.) {	5

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IN RE Silva, Victor A

Debtor(s)

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

			Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNTING	┢		Unpaid accounting invoice for United Building	+	┢╌	H	
ACCOUNT NO. Wayne A Snow PA 201 Main Street, 2nd Floor Charlsetown, MA 02129			Services Inc.				
	ot					Ļ	7,875.00
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.	<u></u>						
ACCOUNT NO.							
ACCOUNT NO.	-						
ACCOUNT NO.				-			:
Sheet no. 3 of 3 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this r	tot	al e)	s 7,875.00
Samuel Company Chame			(Use only on last page of the completed Schedule F. Reputhe Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Rela	ort als Statis	Tot so c	al on al	\$ 145,328.58

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IN RE Silva, Victor A

Debtor(s)

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SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(If known)

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

✓ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

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IN RE Silva, Victor A

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Debtor(s)

(If known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
irginia Silva 93 N Broadway averhill, MA 01832	Ocwen Loan Servicing, LLC 1661 Worthington Road, Ste 100 West Palm Beach, FL 33409
avernii, wa viosz	Ocwen Loan Servicing, LLC
	1661 Worthington Road, Ste 100 West Palm Beach, FL 33409
	City Of Haverhill Water/Wastewater Billing Dept.
	4 Summer Street, Room 300 Haverhill, MA 01830
	City Of Haverhill Water/Wastewater Billing Dept.
	4 Summer Street, Room 300 Haverhill, MA 01830
	City Of Haverhill Water/Wastewater Billing Dept.
	4 Summer Street, Room 300 Haverhill, MA 01830

Fill in this information to identify	your case:				
Debtor 1 <u>Victor A Silva</u> Fist Name	MiddleName	Last Name			
Debtor 2 Spouse, it filing) First Name	MiddleName	Last Name			
Inited States Bankruptcy Court for the: I	District of Massachusetts				
ase number 15-40704				Check if	this is:
f known)				🗖 An an	nended filing
			<u> </u>		plement showing post-petition er 13 income as of the following date:
fficial Form 6l				MM /	DD / YYYY
chedule I: You	r Income				12/13
	ise is not filing with you, top of any additional pa	, do not include in	formation a	bout your spo	you, include information about your spo puse. If more space is needed, attach a known). Answer every question.
Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☐ Employed ☐ Not employ	/ed	COMMING THE POST OF THE POST O	☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.					
Occupation may Include student or homemaker, if it applies.	Occupation	 			,
	Employer's name	Madison Sec	urity Gro	g	
	Employer's address	31-37 Kirk Stra Number Street	eet		Number Street
		Lowell, MA 0			
	How long employed the	City ere? 4 months		IP Code	City State ZIP Code
	41.				
Part 2: Give Details About					
stimate monthly income as of spouse unless you are separated if you or your non-filing spouse habelow. If you need more space, a	ave more than one employ	er, combine the inf		•	vrite \$0 in the space. Include your non-filing for that person on the lines
•	·		·F	For Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, saldeductions). If not paid monthly,			2. \$	5,833.32	\$
. Estimate and list monthly over	time pay.		σ <u>-</u> 3. +\$_	0.00	+ \$
				1	

Official Form 6l Schedule I: Your Income page 1

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Case number (ifknows) 15-40704

Victor A Silva

Debtor 1

		For	Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	> 4.	\$	5,833.32	\$	
5. List all payroll deductions:					
5a. Tax, Medicare, and Social Security deductions	5a.	\$	1,299.74	\$	
5b. Mandatory contributions for retirement plans	5b.	\$ \$	0.00	\$	
5c. Voluntary contributions for retirement plans	5c.	\$ \$	0.00	\$	
5d. Required repayments of retirement fund loans	5d.	\$	0.00	\$	
5e. Insurance	5e.	\$ \$	0.00	\$	
5f. Domestic support obligations	5f.	\$ \$	0.00	\$	
5g. Union dues	5g.	s	0.00	\$	
5h. Other deductions. Specify:	5y. 5h.	+\$	0.00	+ \$	
		. φ			
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.	6.	\$	1,299.74	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	<u>4,533.58</u>	\$	
8. List all other income regularly received:					
8a. Net income from rental property and from operating a business, profession, or farm					
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	3,200.00	\$	
8b. Interest and dividends	8b.	\$	0.00	\$	
8c. Family support payments that you, a non-filing spouse, or a dependence regularly receive	ent	-			
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	
8d. Unemployment compensation	8d.	\$	0.00	\$	
8e. Social Security	8ę.	\$	0.00	\$	
8f. Other government assistance that you regularly receive					
Include cash assistance and the value (if known) of any non-cash assistar that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	nce 8f.	\$	0.00	\$	
· •		_	0.00		
8g. Pension or retirement income	8g.	\$	0.00	\$	
8h. Other monthly income. Specify:	8h.	+\$_	0.00	+\$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_	3,200.00	\$	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.	10.	\$	7,733.58 +	\$	= \$ <u>7,733.58</u>
11. State all other regular contributions to the expenses that you list in Schellnclude contributions from an unmarried partner, members of your household, other friends or relatives.			ents, your room	mates, and	
Do not include any amounts already included in lines 2-10 or amounts that are	not a	vailable	to pay expens	es listed in Schedule J.	
Specify:				11.	+ \$ <u>0.00</u>
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Schedules and Statistical Summary of C				•	\$_7,733.58 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this No.	form?	?			monuny moone
Yes. Explain: None					

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Fill in this information to identify your case:		
Debtor 1 Victor A Silva	Charle is win in	
First Name Middle Name Last Name Debtor 2	Check if this is:	
(Spouse, if filing) First Name Middle Name Last Name	——— ☐ An amender	itting nt showing post-petition chapter 13
United States Bankruptcy Court for the: District of Massachusetts		of the following date:
Case number 15-40704	MM / DD / YY	YY
Official Form 6J		iling for Debtor 2 because Debtor 2 separate household
Schedule J: Your Expenses		
Be as complete and accurate as possible. If two married people are fillinformation. If more space is needed, attach another sheet to this form (if known). Answer every question.		
Part 1: Describe Your Household		
1. Is this a joint case?		
No. Go to line 2. Yes. Does Debtor 2 live in a separate household?		
☐ No ☐ Yes. Debtor 2 must file a separate Schedule J.		
2. Do you have dependents?	Dependent's relationship to	Dependent's Does dependent live
Do not list Debtor 1 and Debtor 2. Yes. Fill out this information for each dependent	Debtor 1 or Debtor 2	age with you?
Do not state the dependents'		— □ No □ Yes
names.		□ No
		Yes
		No
		Yes
		——— □ No □ Yes
		□ No
		☐ Yes
3. Do your expenses include expenses of people other than yourself and your dependents?		
Part 2: Estimate Your Ongoing Monthly Expenses		
Estimate your expenses as of your bankruptcy filing date unless you a expenses as of a date after the bankruptcy is filed. If this is a supplemental applicable date.		•
Include expenses paid for with non-cash government assistance if you		Your expenses
such assistance and have included it on Schedule I: Your Income (Offi	•	Tour expenses
 The rental or home ownership expenses for your residence. Include any rent for the ground or lot. 	trist mortgage payments and 4	\$ <u> </u>
If not included in line 4:		
4a. Real estate taxes	4	a. \$
4b. Property, homeowner's, or renter's insurance		b. \$ 0.00
4c. Home maintenance, repair, and upkeep expenses	4	c. \$ <u>125.00</u>
4d. Homeowner's association or condominium dues	4	d. \$ <u>0.00</u>

Debtor 1 Victor A Silva Case number (Itknows) 15-40704

			You	ır expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6.	Utilities:			
0.	6a. Electricity, heat, natural gas	6a.	\$	500.00
	6b. Water, sewer, garbage collection	6b.	\$ \$	150.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	370.00
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies	7.	\$	300.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	50.00
10.	Personal care products and services	10.	\$	50.00
11.	Medical and dental expenses	11.	\$	100.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	175.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	125.00
14.	Charitable contributions and religious donations	14.	\$	50.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	100.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c,	\$	150.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	0.00
	17ь. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18.	\$	0.00
19.		10	\$	0.00
	Specify:	19.		
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	ie.		2 260.00
	20a. Mortgages on other property	20 a.	\$	2,260:00
	20ь. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	330.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	250.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

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Debtor 1	Victor A Silva First Name Middle Name Last Name Case number (if kit	_{юмг)} 15- <i>г</i>	10704	
21. Ot l	ner. Specify: <u>Water/Sewer</u>	21.	+\$	250.00
	ur monthly expenses. Add lines 41 hrough 21. result is your monthly expenses.	22.	\$	6,979.01
23. Cal e	ulate your monthly net income.			w
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$_	7,733.58
23b.	Copy your monthly expenses from line 22 above.	23b.	-\$_	6,979.01
23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c .	\$	754.57
	rou expect an increase or decrease in your expenses within the year after you file this form? example, do you expect to finish paying for your car loan within the year or do you expect your			
mor	gage payment to increase or decrease because of a modification to the terms of your mortgage?			
⊠ ;	See a second control of the second control o			the manager than the state of t
<u> </u>	es.			

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IN RE Silva, Victor A

Case No. 15-40704

Debtor(s)

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

Date: May 8, 2015	Signature: <u>/s/ Victor A Silva</u> Victor A Silva	Debto
Date:	Signature:	
		(Joint Debtor, if any [If joint case, both spouses must sign.]
DECLARATION AND SIG	NATURE OF NON-ATTORNEY BANKRUPTCY PETIT	ION PREPARER (See 11 U.S.C. § 110)
compensation and have provided the de and 342 (b); and, (3) if rules or guidel	t: (1) I am a bankruptcy petition preparer as defined in 1 botor with a copy of this document and the notices and information have been promulgated pursuant to 11 U.S.C. § 110(h) wen the debtor notice of the maximum amount before preparathat section.	mation required under 11 U.S.C. §§ 110(b), 110(h). 1) setting a maximum fee for services chargeable by
Printed or Typed Name and Title, if any, of I	Bankruptcy Petition Preparer	Social Security No. (Required by 11 U.S.C. § 110.)
= "	not an individual, state the name, title (if any), address, a	
Address		
Signature of Bankruptcy Petition Preparer		Date
Names and Social Security numbers of a is not an individual:	all other individuals who prepared or assisted in preparing th	is document, unless the bankruptcy petition prepared
	document, attach additional signed sheets conforming to the e to comply with the provision of title 11 and the Federal R 9; 18 U.S.C. § 156.	
DECLARATION UND	ER PENALTY OF PERJURY ON BEHALF OF CO	RPORATION OR PARTNERSHIP
I, the	(the president or other office	r or an authorized agent of the corporation or a
member or an authorized agent of t (corporation or partnership) named schedules, consisting of	he partnership) of the	ry that I have read the foregoing summary and they are true and correct to the best of my
knowledge, information, and belief		

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

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Debtor 1	Victor	Α	Silva
	First Name	Middle Name	Last Name
Debtor 2	=		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		District of Massachusetts	
Case number	15-40704-MSH		
Case number	15-40704-MSH		

Check as dire	ected in lines 17 and 21:
According to t this Statemen	he calculations required by t:
	able income is not determined 1 U.S.C. § 1325(b)(3).
	able income is determined 1 U.S.C. § 1325(b)(3).
	nmitment period is 3 years. nmitment period is 5 years.
Check if t	his is an amended filing

Official Form B 22C1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Pa	art 1: Calculate Your Average Monthly Income	e		
1.	What is your marital and filing status? Check one only. Not married. Fill out Column A. lines 2-11.			
	Married. Fill out both Columns A and B, lines 2-11.			
	Fill in the average monthly income that you received fr bankruptcy case. 11 U.S.C. § 101(10A). For example, if y August 31. If the amount of your monthly income varied duthe result. Do not include any income amount more than or from that property in one column only. If you have nothing	you are filing on September 15, uring the 6 months, add the inco nce. For example, if both spous	the 6-month period wo me for all 6 months an es own the same renta	uld be March 1 through d divide the total by 6. Fill in
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime, and payroll deductions).	d commissions (before all	\$5,833.32	\$0.00
3.	Alimony and maintenance payments. Do not include pay Column B is filled in.	yments from a spouse if	\$	\$
4.	All amounts from any source which are regularly paid of you or your dependents, including child support. Including unmarried partner, members of your household, your do roommates. Include regular contributions from a spouse of in. Do not include payments you listed on line 3.	de regular contributions from ependents, parents, and	\$	\$
5,	Net income from operating a business, profession, or	farm		
	Gross receipts (before all deductions)	\$		
	Ordinary and necessary operating expenses	- \$		
	Net monthly income from a business, profession, or farm	\$Copy	\$	\$
6.	Net income from rental and other real property	_e 3,200.00		
	Gross receipts (before all deductions) Ordinary and necessary operating expenses	_ \$3,090.00		
	Net monthly income from rental or other real property	\$ 110.00 Copy	s 110.00	0.00

Main

First Name Mi	ddle Name	Last Name				
Victor	Α		Document Silva	Page 26 of 41 Case number (if lance)	_{m_15} -40704-l	MSH
Case 15-40)704 Do			Entered 05/08/15 1	10:13:07	Desc Ma

		Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
7.	Interest, dividends, and royalties	\$	\$	
8.	Unemployment compensation	\$	\$	
	Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:			
	For you\$			
	For your spouse\$			
9.	Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$	\$	
10.	Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.			
	10a.	\$	\$	
	10b	\$	- \$	
	10c. Total amounts from separate pages, if any.	+ \$	+ \$	
11.	Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 5,943.32	+ \$ 0.00	= \$\square\ \\$5,943.3\ \\ Total average monthly income
	Determine How to Measure Your Deductions from Income			
12.	Copy your total average monthly income from line 11.			\$ 5,943.32
12.	Copy your total average monthly income from line 11			\$ <u>5,943.32</u>
12.	Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one: You are not married. Fill in 0 in line 13d.			\$ 5,943.32
12.	Copy your total average monthly income from line 11	ly paid for the househ	old expenses of you	\$ <u>5,943.32</u>
12.	Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one: You are not married. Fill in 0 in line 13d. You are married and your spouse is filing with you. Fill in 0 in line 13d. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly or your dependents, such as payment of the spouse's tax liability or the spouse's	ly paid for the househ support of someone	old expenses of you other than you or	\$ 5,943.32
12.	Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one: You are not married. Fill in 0 in line 13d. You are married and your spouse is filing with you. Fill in 0 in line 13d. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularl or your dependents, such as payment of the spouse's tax liability or the spouse's your dependents. In lines 13a-c, specify the basis for excluding this income and the amount of income	ly paid for the househ support of someone	old expenses of you other than you or	\$ 5,943.32
12.	Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one: You are not married. Fill in 0 in line 13d. You are married and your spouse is filing with you. Fill in 0 in line 13d. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly or your dependents, such as payment of the spouse's tax liability or the spouse's your dependents. In lines 13a-c, specify the basis for excluding this income and the amount of income necessary, list additional adjustments on a separate page.	ly paid for the househ support of someone	old expenses of you other than you or	\$ 5,943.32
12.	Calculate the marital adjustment. Check one: You are not married. Fill in 0 in line 13d. You are married and your spouse is filing with you. Fill in 0 in line 13d. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularl or your dependents, such as payment of the spouse's tax liability or the spouse's your dependents. In lines 13a-c, specify the basis for excluding this income and the amount of incornecessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 on line 13d.	ly paid for the househ support of someone	old expenses of you other than you or	\$ 5,943.32
12.	Calculate the marital adjustment. Check one: You are not married. Fill in 0 in line 13d. You are married and your spouse is filing with you. Fill in 0 in line 13d. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularl or your dependents, such as payment of the spouse's tax liability or the spouse's your dependents. In lines 13a-c, specify the basis for excluding this income and the amount of incornecessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 on line 13d.	ly paid for the househ support of someone me devoted to each p	old expenses of you other than you or	\$ 5,943.32
12.	Calculate the marital adjustment. Check one: You are not married. Fill in 0 in line 13d. You are married and your spouse is filing with you. Fill in 0 in line 13d. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularl or your dependents, such as payment of the spouse's tax liability or the spouse's your dependents. In lines 13a-c, specify the basis for excluding this income and the amount of incornecessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 on line 13d. 13a	ly paid for the househ support of someone me devoted to each p	old expenses of you other than you or	\$ 5,943.32 -
12.	Calculate the marital adjustment. Check one: You are not married. Fill in 0 in line 13d. You are married and your spouse is filing with you. Fill in 0 in line 13d. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularl or your dependents, such as payment of the spouse's tax liability or the spouse's your dependents. In lines 13a-c, specify the basis for excluding this income and the amount of incornecessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 on line 13d. 13a. 13b. 13c.	y paid for the househ support of someone one devoted to each p	old expenses of you other than you or urpose. If	\$ 5,943.32 \$ 5,943.32
12.	Calculate the marital adjustment. Check one: You are not married. Fill in 0 in line 13d. You are married and your spouse is filing with you. Fill in 0 in line 13d. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularl or your dependents, such as payment of the spouse's tax liability or the spouse's your dependents. In lines 13a-c, specify the basis for excluding this income and the amount of incornecessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 on line 13d. 13a. 13b. 13c. 13d. Total	y paid for the househ support of someone one devoted to each p	old expenses of you other than you or urpose. If	5,943.32
12.	Calculate the marital adjustment. Check one: You are not married. Fill in 0 in line 13d. You are married and your spouse is filing with you. Fill in 0 in line 13d. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularl or your dependents, such as payment of the spouse's tax liability or the spouse's your dependents. In lines 13a-c, specify the basis for excluding this income and the amount of incornecessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 on line 13d. 13a. 13b. 13c. 13d. Total. Your current monthly income. Subtract line 13d from line 12.	by paid for the househ support of someone one devoted to each p	old expenses of you other than you or urpose. If Copy here. 13d.	
12.	Calculate the marital adjustment. Check one: You are not married. Fill in 0 in line 13d. You are married and your spouse is filing with you. Fill in 0 in line 13d. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly or your dependents, such as payment of the spouse's tax liability or the spouse's your dependents. In lines 13a-c, specify the basis for excluding this income and the amount of income necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 on line 13d. 13a. 13b. 13c. 13d. Total. Your current monthly income. Subtract line 13d from line 12.	by paid for the househ support of someone one devoted to each p	old expenses of you other than you or urpose. If Copy here. 13d.	\$_5,943.32

Debtor 1

Case 15-40704 Doc 23 Filed 05/08/15 Entered 05/08/15 10:13:07 Document Page 27 of 41 Victor Silva Case number (#known) 15-40704-MSH Debtor 1 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. 2 16b. Fill in the number of people in your household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? 17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 22C-2). 17b. 🗹 Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable Income (Official Form 22C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4) ¢ 5,943.32 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13d. If the marital adjustment does not apply, fill in 0 on line 19a. \$ 5,943.32 Subtract line 19a from line 18. 20. Calculate your current monthly income for the year. Follow these steps: \$ 5,943.32 Multiply by 12 (the number of months in a year). 12 71,319.84 20b. The result is your current monthly income for the year for this part of the form. 20c. Copy the median family income for your state and size of household from line 16c. 70.803.00 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. 🔟 Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. /s/Victor A. Silva Signature of Debtor 1 Signature of Debtor 2 05/08/2015 Date MM / DD MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 22C-2.

If you checked 17b, fill out Form 22C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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Fill in this in	formation to identify y	OUR CREAT			
FIII III UNS III			0.1		
Debtor 1	Victor First Name	A Middle Name	Silva Lest Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
-	Bankruptcy Court for the:	District of Massach	nusetts		
	15-40704-MSH				
(If known)	13 +07 G+ MOIT				Check if this is an amended filing
					Toneck it this is an amended ming
Official Form	B 2202				
	· · · · ·	ation of \	our Disp	osable Income	12/14
			y of Chapter 13 Sta	atement of Your Current Month	ly Income and Calculation of
	Period (Official Form 2	•	ad manala ava filian	togathar hath are accelled	ponsible for being accurate. If
more space is	s needed, attach a sep	arate sheet to this	form. Include the li	ne number to which the addition	onal information applies. On the
top of any ad	ditional pages, write ye	our name and case	number (if known	l.	
			_		
Part 1: G	alculate Your Dedu	ctions from You	r Income	·	
answer th	ial Revenue Service (IF e questions in lines 6- This Information may	15. To find the IRS	standards, go onli	rds for certain expense amoun ne using the link specified in ti lerk's office.	its. Use these amounts to he separate instructions for
				l expense. In later parts of the fo	• •
-	ines 5 and 6 of Form 22	_	a file	de any operating expenses that y at you subtracted from your spou	
If your exp	enses differ from month	to month, enter the	average expense.		
Note: Line	numbers 1-4 are not us	ed in this form. Thes	e numbers apply to	information required by a similar	form used in chapter 7 cases.
	umber of people used i				
plus th	e number of any additio	nal dependents who	•	our federal income tax return, number may be different	2.00
from th	ne number of people in y	our household.			Z.UU
National	Standards You must	use the IRS Nationa	l Standards to answ	ver the questions in lines 6-7.	
				tered in line 5 and the IRS Nation	nal e 1092
Standa	ards, fill in the dollar amo	ount for food, clothin	g, and other items.		\$ <u></u>
	•			ou entered in line 5 and the IRS Neople is split into two categories—	=
under	65 and people who are	65 or older-because	e older people have	a higher IRS allowance for health	
actual	expenses are nigner that	an this IKS amount,	you may deduct the	additional amount on line 22.	

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e vira a composition to the control of the present of the composition of the control of the cont	Some agencial to Security year governor a medical confidence	net outside envi	memore small mind it work as weather through	armas eu serroa elentro e elemente e en en elemente e en elemente e en elemente e elemen		**************************************
People who are under 65 years of age						
7a. Out-of-pocket health care allowance per persor	\$60.00					
7b. Number of people who are under 65	χ 2					
7c. Subtotal. Multiply line 7a by line 7b.	1 LO-00 1	c here	\$ <u>120.</u> 0	0		
People who are 65 years of age or older						
7d. Out-of-pocket health care allowance per persor	1 \$					
7e. Number of people who are 65 or older	x					
7f. Subtotal. Multiply line 7d by line 7e.		opy line f here	+ \$			
7g. Total . Add lines 7c and 7f			_{\$} 120.00	Copy total here →7g.	\$	120.00
Local You must use the IRS Local Standards to	answerthe amestions in il	nee 9_15	er ann an Aireann an A			
Standards Tournust use the INS Local Standards to	answer me questions in it	1165-0-10.				
Based on information from the IRS, the U.S. Trustee Printo two parts:	ogram has divided the li	RS Local	Standard for hou	sing for bankruptcy	/ purp	oses
■ Housing and utilities – insurance and operating exp	enses					
■ Housing and utilities - Mortgage or rent expenses						
To answer the questions in lines 8-9, use the U.S. Trus specified in the separate instructions for this form. Thi						
Housing and utilities – Insurance and operating exp the dollar amount listed for your county for insurance are		of people	you entered in line	e 5, fill in	\$	608.00
9. Housing and utilities - Mortgage or rent expenses:						
9a. Using the number of people you entered in line listed for your county for mortgage or rent expe			_{\$} _1,852.00			
9b. Total average monthly payment for all mortgage your home.		i by				
To calculate the total average monthly paymen contractually due to each secured creditor in the bankruptcy. Next divide by 60.		for				
Name of the creditor	Average monthly payment					
Ocwen Loan Servicing	¢ 1,644.01					
	Ψ <u>΄</u>					
	*					
9b.Total average monthly payment	¢ 1.044.01 (oy line	_ _{\$} 1,644.01	Repeat this amount		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	961	here ->	7	on line 33a.		
9c. Net mortgage or rent expense.		r=-	CU COM CO A COLOR O TO A COLOR O	1		
Subtract line 9b (total average monthly payment) freexpense). If this number is less than \$0, enter \$0.	om line 9a (<i>mortgage or re</i>	nt	\$207.99	Copy 9c here	\$	207.99
If you claim that the U.S. Trustee Program's division the calculation of your monthly expenses, fill in any Explain why:			using is incorrec	t and affects	\$	
	erreteratura de reteratura de establica esperatura de esperatura de esperatura de esperatura de esperatura de					

Debtor 1

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n you claim an ownership or operating expense.						
12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the <i>Operating Costs</i> that apply for your Census region or metropolitan statistical area. \$_556.00						
calculate the net ownership or lease expense for each an or lease payments on the vehicle. In addition, you						
13a. \$						
3,						
Repeat this amount on line 33b.						

\	/ehicle 2	Describe Vehicle 2:					
1	13d. Ownersh	ip or leasing costs using IF	RS Local Standard	13d.	\$		
1	I3e. Average	monthly payment for all de	ebts secured by Vehicle 2.				
	Do not i	nclude costs for leased vel	nicles.				
	Name of eac	ch creditor for Vehicle 2	Average monthly payment				
			\$	Copy here	 \$	Repeat this amount on line 33c.	
1		icle 2 ownership or lease e line 13e from 13d. If this n	•	er \$0. 13f.	\$_	Copy net Vehicle 2 expense here	\$
		ation expense: If you clain pense allowance regardles				the <i>Public</i>	\$
dedu	ict a public tra	c transportation expense ansportation expense, you S Local Standard for <i>Public</i>	may fill in what you believ				\$

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this number is less than \$0, enter \$0. 13c.

Copy net Vehicle 1

expense here

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Silva Case number (if Imown) 15-40704-MSH Victor Debtor 1

	her Necessary penses	In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.			
16.	employment taxes, soc your pay for these taxes	ly amount that you actually pay for federal, state and local taxes, such as income taxes, self- al security taxes, and Medicare taxes. You may include the monthly amount withheld from s. However, if you expect to receive a tax refund, you must divide the expected refund by 12 er from the total monthly amount that is withheld to pay for taxes. tte, sales, or use taxes.	\$ <u>1,299.</u> 74		
17.	Involuntary deduction union dues, and uniforn	s: The total monthly payroll deductions that your job requires, such as retirement contributions,			
	•	t tusts. that are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$		
18.		al monthly premiums that you pay for your own term life insurance. If two married people are filing ents that you make for your spouse's term life insurance.			
	Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.				
19.		nts: The total monthly amount that you pay as required by the order of a court or administrative at or child support payments.	\$		
	Do not include paymen	is on past due obligations for spousal or child support. You will list these obligations in line 35.	·		
20.		onthly amount that you pay for education that is either required:			
	as a condition for youfor your physically or	ir job, or mentally challenged dependent child if no public education is available for similar services.	\$		
21.		onthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. is for any elementary or secondary school education.	\$		
22.	22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.				
	Payments for health ins	urance or health savings accounts should be listed only in line 25.	\$		
23,	23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 22C-1, or any amount you previously deducted.				
24.		es allowed under the IRS expense allowances.	\$ <u>3,983.7</u> 3		
ΛA	ditional Expense	These are additional deductions allowed by the Means Test.			
	ductions	Note: Do not include any expense allowances listed in lines 6-24.			
25.	Health insurance, disa insurance, disability ins dependents.	ability insurance, and health savings account expenses. The monthly expenses for health urance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your			
	Health insurance	\$			
	Disability insurance	\$			
	Health savings acco	ount + \$			
	Total	\$ Copy total here→	\$		
	Do you actually spe	and this total amount?			
	└── No. How much do y └── Yes	ou actually spend? \$			
26.	continue to pay for the	ons to the care of household or family members. The actual monthly expenses that you will reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your of your immediate family who is unable to pay for such expenses.	\$		
27.		nily violence. The reasonably necessary monthly expenses that you incur to maintain the safety of der the Family Violence Prevention and Services Act or other federal laws that apply.	\$		
	By law, the court must	ceep the nature of these expenses confidential.	_		

Debto	r 1	Case 15-	-40704	Doc 23 A Last Name	Document Silva	Page 32 of 41	/08/15 10:13:07 L number (if known) 15-40704		
28.	Addi on lin		nergy costs	. Your home en	ergy costs are included	in your non-mortgage	e housing and utilities allow	wance	
	If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs.						ge \$		
		must give your led is reasonat			of your actual expense	s, and you must show	v that the additional amour	nt	
29.	9. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$156.25* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.						6.25* \$		
					of your actual expense ounted for in lines 6-23.	s, and you must expla	ain why the amount claime	ed is	
	* Sı	bject to adjust	ment on 4/01	/16, and every	3 years after that for ca	ses begun on or after	the date of adjustment.		
30.	30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.								
					l allowance, go online u e available at the bankru		in the separate		
	You	must show that	t the addition	al amount clain	ned is reasonable and n	ecessary.			
31.					ount that you will continution. 11 U.S.C. § 548(d)		form of cash or financial	+50.00	
	Do n	ot include any	amount more	than 15% of y	our gross monthly incon	ne.			
32.	Add	all of the addi	tional exper	se deductions	5.			s 50.00	
	Add	lines 25 throug	h 31.						
De	ducti	ons for Debt F	ayment						
33.					property that you own lines 33a through 33g		ortgages,		
					, add all amounts that a for bankruptcy. Then div		o each		
							Average monthly payment		
	R	Nortgages on yo	our home				bekillerir -		
	3	3a. Copy line 9	b here			·····	\$ <u>1,644.</u> 01		
	L	oans on your fi	rst two vehicl	es					
	3	35. Copy line 1	3b here	•••••			\$		

			payme	nt		
Mortgages on your home						
зза. Copy line 9b here		·····	\$	1,644.01		
Loans on your first two vehicles						
33b. Copy line 13b here		→	\$			
33c. Copy line 13e here			\$			
Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?				
33d		□No □Yes	\$			
33é		□ No □ Yes	\$			
33f,		□No □Yes	+ \$			
33g. Total average monthly payment.	Add lines 33a through 33f		\$	1,644.01	Copy total here→	;

_{\$} 1,644.01

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Silva Case number (if known) 15-0704-MSH Victor Debtor 1

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?							
No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the <i>cure amount</i>). Next, divide by 60 and fill in the information below.							
Name of the creditor	Identify property that secures the debt	Total cure amount		Мо	nthly cure amoun	t	
Ocwen Loan Servicing	293 N Broadwa	\$ 9,676.07	÷ 60 =	\$_	161.27		
Commonwealth of MA	293 N Broadwa	\$ <u>37,835.20</u>	÷ 60 =	\$_	630.59		
Ocwen Loan Servicing	13-15 S Elm St	\$ 2,109.60	÷ 60 =	+ \$_	35.16		
			Total	\$_	827.02	Copy total here	\$ 827.02
35. Do you owe any priority claims—sucl filing date of your bankruptcy case?	h as a priority tax, child s	support, or alimony	/— that a	re pa	st due as of the		
No. Go to line 36. Yes. Fill in the total amount of all of priority claims, such as those y	these priority claims. Do n	ot include current or	ongoing				
Total amount of all past-due p	oriority claims			\$_	137,613.94	÷ 60	<u>\$ 2,293.1</u>
36. Projected monthly Chapter 13 plan p	ayment			\$_	755.00		
Current multiplier for your district as stat of the United States Courts (for districts Executive Office for United States Trusto To find a list of district multipliers that in	in Alabama and North Car ees (for all other districts). cludes your district, go onli	rolina) or by the ine using the link spe	ecified	× _	10		
in the separate instructions for this form clerk's office.	. This list may also be avai	liable at the bankrup	tcy	Γ	~n	Сору	
Average monthly administrative expense	е			\$_	75.50	total here	\$75.50
37. Add all of the deductions for debt pay	yment. Add lines 33g thro	ugh 36.					\$ <u>4.840.</u> 10
Total Deductions from Income							
38. Add all of the allowed deductions.							
Copy line 24, All of the expenses allowe	d under IRS expense allo	vances		\$_	3,983.73		
Copy line 32, All of the additional expen-	se deductions			\$	50.00		
Copy line 37, All of the deductions for de	ebt payment		••••	+ \$_	4,840.10	**	
Total deductions				\$_	8,873.83	Copy total here →	_{\$8,87} 3.83
					··· — — — ··· ··· ··· ··· ··· ··· ··· ·		

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Debtor 1

ictor	Α	Silva

Case number (if known) 15-0704-MSH

ar	Determ	ine You	r Disposable Incom	under 11 U.S.	C. § 1325(b)(2)			
39.			t monthly income from rent Monthly Income ar			d		\$ 5,943. 1
	The monthly av payments for a accordance wit	Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 22C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.						
	Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).							
42.	Total of all ded	ductions	allowed under 11 U.S.C	C. § 707(b)(2)(A). C	opy line 38 here	→ \$ 8,	873.83	The second secon
	Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.							
	Describe the sp	ecial circu	mstances	An	nount of expense			di Ağışı, vi yanı
	43a				\$			7. 24.1989 7.7
	43b				\$			T C Comment
	43c			+	\$			3,
	43d.Total. Add	lines 43a	through 43c	tvac	r i	opy 43d ere → + \$	 -	in en
44.	Total adjustme	ents. Add	lines 40 through 43d			→ \$ 8.6	Copy total here →	_ <u>\$8,8</u> 73.83
45.	Calculate you	r monthly	disposable income ur	nder § 1325(b)(2). S	Subtract line 44 fror	n line 39.		_{\$} -2,930.5
Pa	rt 3: Cha	ange in l	Income or Expenses	;				i ven II (in med (symmetre
	have changed the time your cafter you filed y	or are virt ase will be our petitie	xpenses. If the income i ually certain to change a e open, fill in the informa on, check 22C-1 in the fi in when the increase oc	fter the date you file tion below. For exa est column, enter lin	ed your bankruptcy mple, if the wages of e 2 in the second c	petition and during reported increased olumn, explain why		
	Form	Line	Reason for change		Date of change	Increase or decrease?	Amount of change	A cycle type and an analysis of the cycle and
	22C-1 22C-2					Increase Decrease	\$	3 - Tallingaeassan, 6
	22C-1 22C-2					Increase Decrease	\$	
	22C—1 22C—2			<u> </u>		Increase Decrease	\$	a year of the second of the se
	22C-1 22C-2					Increase Decrease	\$	e vol a sederam de verse de ve

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Debtor 1 Victor A Silva Case number (#known) 15-0704-MSH

Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/Victor A Silva Signature of Debtor 1 Signature of Debtor 2

Date 05/08/2015 Date MM / DD / YYYY

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Desc Main

United States Bankruptcy Court District of Massachusetts

IN RE:		Case No. <u>15-40704</u>
Silva, Victor A		Chapter 13
	Debtor(s)	

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 -25. If the answer to an applicable question is "None," mark the box labeled "None," If additional space is needed for the answer to any question. use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to; relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101(2),(31).

1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business. including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

30,000.00 Gross business income for year ended December 31, 2013.

18,000.00 Gross business income for year ended December 31, 2014.

18,846.10 Gross wages from January 1, 2015 through May 1, 2015.

2. Income other than from employment or operation of business

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

33,600.00 Gross rental income for year ended December 31, 2013.

33,600.00 Gross rental income for year ended December 31, 2014.

12,800.00 Gross rental income from January 1, 2015 through peittion date.

3. Payments to creditors

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,255.* If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER The Business Backer LLC v. **United Business Services Inc** and Victor Silva 2014 CV 07188

NATURE OF PROCEEDING

Civil Action

COURT OR AGENCY AND LOCATION **Court of Montgomery County** 41 N Perry Street, Dayton, OH

STATUS OR DISPOSITION Stayed due to

bankruptcy proceeding.

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None	Date an issues from the, there, deter casualty of gambling within one year infined along the commencement of this case of since the				
9. Pa	yments related to debt counseling or bankrupto	ey .			
None	List all payments made or property transferred by consolidation, relief under the bankruptcy law or p of this case.				
Abac 1576	E AND ADDRESS OF PAYEE cus Credit Counseling 60 Ventura Blvd. no, CA 91436	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY 35.00		
Fee	paid for prepetition credit counseling.				
210	Office Of Barry C. Richmond Washington Street urn, MA 01801	4/7/15	2,500.00		
Fee	paid for advice and represetation in Chapt	ter 13 bankruptcy proceedings.			
10. C	Other transfers				
None	a. List all other property, other than property tranabsolutely or as security within two years immediately and the chapter 13 must include transfers by either or be petition is not filed.)	ediately preceding the commencement of this c	ase. (Married debtors filing under chapter 12 or		
None	b. List all property transferred by the debtor within device of which the debtor is a beneficiary.	n ten years immediately preceding the commend	cement of this case to a self-settled trust or similar		
11. C	losed financial accounts				
None	transferred within one year immediately precedentificates of deposit, or other instruments; sharp brokerage houses and other financial institutions	ding the commencement of this case. Include res and share accounts held in banks, credit un s. (Married debtors filing under chapter 12 or of	checking, savings, or other financial accounts, ions, pension funds, cooperatives, associations,		
12. S	afe deposit boxes				
None	None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately				
13. S	etoffs				
None	petition is filed, unless the spouses are separated	r chapter 13 must include information concerni	hin 90 days preceding the commencement of this ing either or both spouses whether or not a joint		
14. P	roperty held for another person				
None	List all property owned by another person that the	he debtor holds or controls.			

15. Prior address of debtor

None If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

10. 3	pouses and Former Spouses
None	If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, C.

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana,
 Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

Virginia Silva

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulation, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.



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[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: May 8, 2015	Signature /s/ Victor A Silva	
	of Debtor	Victor A Silva
Date:	Signature of Joint Debtor (if any)	
	ocntinuation pages attached	

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

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DECLARATION CONCERNING DEBTOR'S SCHEDULES, STATEMENTS, STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND MEANS TEST

I, Victor A. Silva, declare under penalty of perjury that I have read the foregoing Schedules, Statements, Statistical Summary of Certain Liabilities and Means Test and that they are true and correct to the best of my knowledge, information and belief.

Dated: 5/8/15

Victor A. Silva